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## BIB DATA SHEET

CONFIRMATION NO. 8944

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/748,589	12/30/2003 RULE	705	3626	3712044.01156		
<b>APPLICANTS</b> Thomas L.C. Simpson, Burlington, WI; Laura M. Letellier, Buffalo Grove, IL; James P. Martucci, Libertyville, IL; Gordon J. Wilkes, Newmarket, CANADA;						
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/659,760 09/10/2003 and is a CIP of 10/424,553 04/28/2003 PAT 7,698,156 which is a CIP of 10/135,180 04/30/2002 This application 10/748,589 12/30/2003 claims benefit of 60/444,350 02/01/2003 and claims benefit of 60/488,273 07/18/2003 and claims benefit of 60/528,106 12/08/2003						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/11/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /KRISTINE K Acknowledged RAPILLO/ Examiner's signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWINGS</b> 59	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> K&L Gates LLP P.O. Box 1135 Chicago, IL 60690-1135 UNITED STATES						
<b>TITLE</b> Medical data communication notification and messaging system and method						
<b>FILING FEE RECEIVED</b> 1304	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		